

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND				10/750,813 +								
1 Date of Request: <u>2/11/05</u>		2 Serial/Patent # <u>10/756,813</u>										
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT								
<input type="checkbox"/>	Filing			\$								
<input type="checkbox"/>	Amendment			\$								
<input type="checkbox"/>	Extension of Time			\$								
<input type="checkbox"/>	Notice of Appeal/Appeal			\$								
<input type="checkbox"/>	Petition			\$ ⁴⁰⁰ ₁₃₀								
<input type="checkbox"/>	Issue			\$								
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$								
<input type="checkbox"/>	Maintenance			\$								
<input type="checkbox"/>	Assignment			\$								
<input type="checkbox"/>	Other			\$								
		7 TOTAL AMOUNT OF REFUND		\$ <u>530</u>								
		8 TO BE REFUNDED BY:										
10 REASON:		Treasury Check										
<input type="checkbox"/>	Overpayment	Credit Deposit A/C #:										
<input type="checkbox"/>	Duplicate Payment	9 <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">5</td> <td style="width: 20px; text-align: center;">0</td> <td style="width: 20px; text-align: center;">--</td> <td style="width: 20px; text-align: center;">0</td> <td style="width: 20px; text-align: center;">9</td> <td style="width: 20px; text-align: center;">9</td> <td style="width: 20px; text-align: center;">0</td> </tr> </table>				5	0	--	0	9	9	0
5	0	--	0	9	9	0						
<input checked="" type="checkbox"/>	No Fee Due (Explanation):											
<u>Postcard proves allegedly omitted pgs were filed on day 1</u>												
11 REFUND REQUESTED BY:												
TYPED/PRINTED NAME: <u>E Shirene Weller</u>			TITLE: <u>Pet Attorney</u>									
SIGNATURE: <u>E Shirene Weller</u>			PHONE: <u>272-3238</u>									
OFFICE: <u>Office of Petitions</u>												
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****												
APPROVED: <u>Alicia Miller</u>			DATE: <u>2/9/05</u>									

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**Office of Finance
Refund Branch
Crystal Park One, Room 802B**